



Date	Claim No.	Folio No.
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DECLARATION OF ENTITLEMENT

For WIDOW OR WIDOWER BENEFITS UNDER INDUSTRIAL INSURANCE

Reminder

If you are signing with power of attorney, submit a copy of that document if you have not done so already. For your protection, your signature is used for comparison with endorsement on checks payable to you.

For benefits to continue without interruption this Declaration of Entitlement must be completed in full, signed, notarized and returned within 30 days.

Print name of the widow/widower of the deceased named		
Mailing address		
City	State	ZIP
Residence is the same as MAILING address: Yes <input type="checkbox"/> No <input type="checkbox"/>		
If NO, list residence address		

Name of deceased
The children/dependents reside with me Yes <input type="checkbox"/> No <input type="checkbox"/>
If NO, list names and addresses of dependents not residing with you.

Any change in status of dependent children must be reported, such as death, marriage or change in custody that would alter the dependency circumstances. If there has been a change since you submitted the last Declaration of Entitlement, complete the following: State name of dependent, date of change and explanation. **Your statement may change your monthly benefit. Failure to report dependent changes, remarriage or incarcerations in order to receive benefits for which you may not be entitled may result in civil or criminal charges.**

Has there been any type of change in marital status since you completed the last Declaration of Entitlement form (death of current spouse, divorce, marriage, etc)? ☐ Yes ☐ No If yes, give date and list status change.

Since you last submitted the Declaration of Entitlement form have you been convicted of a crime and under sentence?

☐ Yes ☐ No If yes, when? Where?

Notary Signature Required

Subscribed and sworn to before me this date
Notary public signature
For the state of
Residing at
My commission expires

Under Penalty of perjury, I declare the above statements true. If you sign by mark, please have a witness print your name, then personally make your mark.

Social Security # (ID only)	Phone #
Date	Signature
<i>If signed by mark, witness signature here.</i>	